

# PUBLIC SUBMISSION

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**Docket:** CMS-2023-0199

National Implementation of the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey (CMS-10500)

**Comment On:** CMS-2023-0199-0001

National Implementation of the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey (CMS-10500)

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## Submitter Information

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## General Comment

CMS-10500

The official electronic survey mode sends a paper eSurvey invitation link to patients who do not have an email address. Patients without an email address are less likely to be comfortable with technology, have a personal device, and/or have access to internet. Mailing a link to these patients is insensitive, especially for patients who do not have the technological understanding and/or financial means to respond electronically. The full paper survey does not mail until the third wave 3 weeks later. It is extremely important that all patients have the ability to provide us timely feedback about their care, regardless of financial status. We recommend sending electronic surveys only to patients with an email address available, and mailing a paper survey to all other eligible patients so that patients are most likely to be capable of providing feedback.

All response scales on the OASCAHPS survey are listed positive (top) to negative (bottom) except questions 23 and 24 in the “Your Overall Experience” section, which list negative (top) to positive (bottom). We recommend listing the response options for those two questions as positive (top) to negative (bottom) like all other questions on the survey to prevent patients from inadvertently selecting an incorrect response.

The Consent to Share item blinds healthcare organizations from important information like location, unit, clinical team, service/specialty etc. that is needed to make use of patient feedback. Lack of these details prevents organizations from using patient feedback to make meaningful improvements, enhance quality of care, or to recognize and continue great care. Healthcare organizations are experts at handling sensitive information with clear guidelines around proper and improper use of PHI. They can be trusted, like for other CMS mandated surveys (e.g. HCAHPS) and all medical records, to properly manage sensitive information. As an example, our Total Joint program’s quality improvement team segments data by CPT, patient status, and case classification to properly report scores to Joint Commission’s certification program. This same information is needed to address opportunities and improve quality of care for specific services and locations. Without access to this information, we are unable to segment patient survey feedback in a meaningful way preventing us from identifying improvement efforts that would benefit our patients and families most. We recommend removing the Consent to Share item from the OASCAHPS

survey to enable organizations to better utilize their patient feedback to make improvements that benefit the quality and safety of future patients and families.